

**ALZHEIMER'S DISEASE & RELATED  
DISORDERS ASSOCIATION, INC.**

2009 Form 990 for the  
Year Ended June 30, 2010

Public Disclosure Copy

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Header section containing organization name (ALZHEIMER'S DISEASE & RELATED DISORDERS), EIN (13-3039601), address (225 NORTH MICHIGAN AVENUE, 17TH FLOOR, CHICAGO, IL 60601), and principal officer (RICHARD HOVLAND).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 84,989,338), expenses (Total: 87,253,588), and net assets (Total: 58,704,600).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: RICHARD H. HOVLAND, CHIEF OPER. OFFICER. Date: 02/16/10. Preparer's signature: Grant Thornton LLP, dated 02/16/10.

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number	13-3039601
	Number, street, and room or suite no. If a P.O. box, see instructions.	225 NORTH MICHIGAN AVENUE 17TH FLOOR		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	CHICAGO, IL 60601		

### Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► RICHARD HOVLAND, COO

Telephone No. ► 312 335-5771 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning 07/01, 2009, and ending 06/30, 2010

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$
3b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	\$
3c	<b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:  
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 24,137,123. including grants of \$ 14,463,828. ) (Revenue \$ 3,773,543. )  
ATTACHMENT 3

4b (Code: ) (Expenses \$ 20,316,695. including grants of \$ 529. ) (Revenue \$ 427,038. )  
ATTACHMENT 4

4c (Code: ) (Expenses \$ 5,439,174. including grants of \$ 360,352. ) (Revenue \$ 0. )  
CHAPTER SERVICES - FROM COAST TO COAST, MORE THAN 70 CHAPTERS ARE IN COMMUNITIES NATIONWIDE, PROVIDING SERVICES TO FAMILIES AND PROFESSIONALS, INCLUDING INFORMATION AND REFERRAL, SUPPORT GROUPS, CARE CONSULTATION, EDUCATION AND SAFETY SERVICES. THE NATIONAL ORGANIZATION PROVIDES STRATEGIC AND TACTICAL SUPPORT IN THESE ACTIVITIES.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 9,573,533. including grants of \$ 603,375. ) (Revenue \$ 212,870. )  
4e Total program service expenses ► 59,466,525.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	X	
5	<b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> . . . . .	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings, Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .		
1a		49	
b	Enter the number of voting members that are independent . . . . .		
1b		49	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
8a			
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X
9a			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	X	
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
12c			
13	Does the organization have a written whistleblower policy? . . . . .	X	
14	Does the organization have a written document retention and destruction policy? . . . . .	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	X	
15a			
b	Other officers or key employees of the organization . . . . .	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 5
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► RICHARD HOVLAND, COO 225 N. MICHIGAN AVENUE, CHICAGO, IL 60601-7633  
 (312) 335-5771

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ATTEA JD CHAIR, EXEC. COMM., DIRECTOR	10.00	X		X			0.	0.	0.	
EDWARD BERUBE CHAIR ELECT, EXEC. COMM., DIR.	10.00	X		X			0.	0.	0.	
HEATHER BURNS TREASURER, EXEC. COMM., DIR.	5.00	X		X			0.	0.	0.	
LAUREL COLEMAN, M.D. SECRETARY, EXEC. COMM., DIR.	10.00	X		X			0.	0.	0.	
GERALD SAMPSON VICE CHAIR, EXEC. COMM., DIR.	10.00	X		X			0.	0.	0.	
MARY GUERRIERO AUSTROM, PH.D. DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
R. THOMAS BODKIN DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
RANDOLPH BROCK III DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
JOHN OSHER DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
RONALD PETERSEN, PH.D., M.D. DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
STEWART PUTNAM DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
RONALD SCHILLING, PH.D. DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
TENNY TSAI DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
JOANNE VIDINSKY DIRECTOR AND EXEC COMMITTEE	5.00	X					0.	0.	0.	
ELECTA ANDERSON DIRECTOR	5.00	X					0.	0.	0.	
LANE BOWEN DIRECTOR	5.00	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL BEUCHELE DIRECTOR	5.00	X					0.	0.	0.	
ROBERT BURKE DIRECTOR	5.00	X					0.	0.	0.	
MERYL COMER DIRECTOR	5.00	X					0.	0.	0.	
STEVEN DEKOSKY, M.D. DIRECTOR	5.00	X					0.	0.	0.	
RICHARD DELLA PENNA, M.D. DIRECTOR	5.00	X					0.	0.	0.	
CATHY EDGE DIRECTOR	5.00	X					0.	0.	0.	
MARLANA GEHA, PH.D. DIRECTOR	5.00	X					0.	0.	0.	
MARSHALL GELFAND, CPA DIRECTOR	5.00	X					0.	0.	0.	
COLLEEN GOLDHAMMER DIRECTOR	5.00	X					0.	0.	0.	
RITA HORTENSTINE DIRECTOR	5.00	X					0.	0.	0.	
STEVE HUME DIRECTOR	5.00	X					0.	0.	0.	
DEBORAH JONES DIRECTOR	5.00	X					0.	0.	0.	
KAREN KAUFFMAN, PH.D., CRNP, BC DIRECTOR	5.00	X					0.	0.	0.	
<b>1b Total</b> CONTINUED AT SCHEDULE J-2							2,206,765	0	704,188.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **36**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **80**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>	153,708.					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	366,025.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,074,485.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	73,211,148.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		951,545.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			75,805,366.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b> PROGRAM CONFERENCES . . . . .		611710	3,590,778.	3,590,778.			
	<b>b</b> JOURNAL . . . . .		511120	182,765.	182,765.			
	<b>c</b> EDUCATIONAL MATERIALS . . . . .		611710	427,038.	427,038.			
	<b>d</b> SAFE RETURN REGISTRATION FEES . . . . .		611710	159,410.	159,410.			
	<b>e</b> CAREGIVER TRAINING . . . . .		611710	53,460.	53,460.			
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			4,413,451.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,969,171.			1,969,171.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			367.			367.	
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
	<b>b</b> Less: rental expenses . . . . .							
	<b>c</b> Rental income or (loss) . . . . .							
	<b>d</b> Net rental income or (loss) . . . . .				0.			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
				6,921,904.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			5,831,846.				
	<b>c</b> Gain or (loss) . . . . .			1,090,058.				
	<b>d</b> Net gain or (loss) . . . . .				1,090,058.		1,090,058.	
	<b>8a</b> Gross income from fundraising events (not including \$ 366,025. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		930,975.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		899,231.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				31,744.		31,744.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
<b>11a</b> AFFILIATE REVENUE . . . . .		990099	595,380.			595,380.		
<b>b</b> CHAPTER LICENSING AND MAINTENANCE . . . . .		990099	982,928.			982,928.		
<b>c</b> OTHER REVENUE . . . . .		990099	100,873.			100,873.		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .				1,679,181.				
<b>12 Total Revenue.</b> See instructions . . . . .				84,989,338.	4,413,451.		4,770,521.	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	12,611,574.	12,611,574.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	2,816,510.	2,816,510.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,329,393.	629,654.	419,954.	279,785.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	0.			
7 Other salaries and wages . . . . .	18,233,009.	11,644,356.	263,119.	6,325,534.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	1,830,732.	1,091,165.	104,268.	635,299.
9 Other employee benefits . . . . .	1,542,052.	1,005,261.	45,651.	491,140.
10 Payroll taxes . . . . .	1,335,660.	841,106.	39,130.	455,424.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	855,307.	416,125.	170,793.	268,389.
c Accounting . . . . .	26,553.	21,609.	988.	3,956.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	420,985.			420,985.
f Investment management fees . . . . .	118,404.	118,404.		
g Other . . . . .	9,460,080.	4,380,411.	97,462.	4,982,207.
12 Advertising and promotion . . . . .	6,433,280.	6,269,851.		163,429.
13 Office expenses . . . . .	18,361,324.	9,509,187.	2,596,134.	6,256,003.
14 Information technology . . . . .	341,387.	223,281.	10,842.	107,264.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	3,901,023.	2,540,124.	632,812.	728,087.
17 Travel . . . . .	3,821,451.	2,955,655.	34,857.	830,939.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	1,736,160.	1,534,076.	15,619.	186,465.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	953,165.	532,503.	70,687.	349,975.
23 Insurance . . . . .	139,016.	79,681.	31,767.	27,568.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CONTINGENCY</u> . . . . .	51,117.	30,825.		20,292.
b <u>RECRUITMENT</u> . . . . .	57,624.	33,644.	2,299.	21,681.
c <u>BAD DEBT EXPENSE</u> . . . . .	661,411.	28,486.		632,925.
d <u>MISCELLANEOUS</u> . . . . .	216,371.	153,037.	10,900.	52,434.
e _____				
f All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	87,253,588.	59,466,525.	4,547,282.	23,239,781.
26 <b>Joint Costs.</b> Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	15,171,073.	8,185,256.	2,606,387.	4,379,430.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	5,086,459.	<b>1</b>	12,802,858.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	22,185,569.	<b>3</b>	18,914,827.
	<b>4</b> Accounts receivable, net . . . . .	20,055,753.	<b>4</b>	14,094,293.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,067,770.	<b>9</b>	1,859,487.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 14,049,893.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 10,672,999.	3,863,805.	<b>10c</b> 3,376,894.
	<b>11</b> Investments - publicly traded securities . . . . .	55,512,963.	<b>11</b>	54,981,363.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	9,811,047.	<b>12</b>	10,393,951.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	121,583,366.	<b>16</b>	116,423,673.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,909,889.	<b>17</b>	5,297,686.
	<b>18</b> Grants payable . . . . .	36,624,339.	<b>18</b>	31,902,842.
	<b>19</b> Deferred revenue . . . . .	2,717,312.	<b>19</b>	2,277,176.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	22,166,959.	<b>25</b>	19,226,896.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	65,418,499.	<b>26</b>	58,704,600.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	18,746,662.	<b>27</b>	24,278,255.
	<b>28</b> Temporarily restricted net assets . . . . .	17,778,404.	<b>28</b>	13,282,442.
	<b>29</b> Permanently restricted net assets . . . . .	19,639,801.	<b>29</b>	20,158,376.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	56,164,867.	<b>33</b>	57,719,073.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	121,583,366.	<b>34</b>	116,423,673.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.**

Employer identification number  
13-3039601

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15		%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	79,066,936.	82,129,990.	95,071,788.	78,177,850.	75,805,366.	410,251,930.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	2,507,375.	6,159,287.	3,384,152.	5,318,528.	4,413,451.	21,782,793.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	81,574,311.	88,289,277.	98,455,940.	83,496,378.	80,218,817.	432,034,723.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	1,026,417.	933,904.	3,200,000.	1,188,870.	0.	6,349,191.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .	1,026,417.	933,904.	3,200,000.	1,188,870.	0.	6,349,191.
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						425,685,532.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6. . . . .	81,574,311.	88,289,277.	98,455,940.	83,496,378.	80,218,817.	432,034,723.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,650,558.	4,337,589.	4,684,438.	3,077,704.	1,969,538.	16,719,827.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	2,650,558.	4,337,589.	4,684,438.	3,077,704.	1,969,538.	16,719,827.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <u>ATCH 1</u> . . . . .	27,073.	111,460.	439,146.	607,419.	2,610,156.	3,795,254.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	84,251,942.	92,738,326.	103,579,524.	87,181,501.	84,798,511.	452,549,804.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	94.06%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	<b>16</b>	93.95%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	3.69%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	4.08%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

## SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
CHAPTER LICENSE & MAINT. FEES	0.	0.	222,906.	413,788.	982,928.	1,619,622.
T-SHIRTS	0.	0.	1,807.	1,468.	0.	3,275.
OTHER REVENUE	27,073.	111,460.	214,433.	192,163.	100,873.	646,002.
AFFILIATE REVENUE	0.	0.	0.	0.	595,380.	595,380.
INCOME FROM FUNDRAISING EVENTS	0.	0.	0.	0.	930,975.	930,975.
<b>TOTAL</b>	<u>27,073.</u>	<u>111,460.</u>	<u>439,146.</u>	<u>607,419.</u>	<u>2,610,156.</u>	<u>3,795,254.</u>

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2009**

<b>Name of the organization</b> ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	<b>Employer identification number</b> 13-3039601
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(<sup>3</sup> ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.** Employer identification number **13-3039601**

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		60,514.
<b>e</b> Publications, or published or broadcast statements?	X		6,825.
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		513,175.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		274,353.
<b>i</b> Other activities? If "Yes," describe in Part IV	X		4,320.
<b>j</b> Total. Add lines 1c through 1i			859,187.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.  
SEE PAGE 4

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**Part IV** Supplemental Information (continued)

LOBBYING ACTIVITIES

SCHEDULE C, PART IV

NEARLY ALL OF THE ASSOCIATION'S LOBBYING IS THROUGH STAFF OR ITS VOLUNTEERS. THEREFORE, ONLY A SMALL AMOUNT OF REPORTABLE EXPENSES ARE INCURRED FOR GRASS ROOTS LOBBYING, OR 10% OF THE KINTERA DATABASE CONTRACTS, OR \$4,320. THESE AMOUNTS ARE USED FOR ADVOCACY.

AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSER TO FINDING BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE DISEASE. WE ALSO NEED BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S.

TENS OF THOUSANDS OF GRASS ROOTS ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND HELP ENCOURAGE CONGRESS TO INCREASE FUNDING FOR RESEARCH. POLICY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

Supplemental Financial Statements

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.

Employer identification number 13-3039601

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance . . . . .	<b>1c</b>
d Additions during the year . . . . .	<b>1d</b>
e Distributions during the year . . . . .	<b>1e</b>
f Ending balance . . . . .	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	8,125,409.	9,400,894.			
b Contributions . . . . .	117,211.	60,401.			
c Net investment earnings, gains, and losses . . . . .	1,195,547.	-1,285,475.			
d Grants or scholarships . . . . .		50,411.			
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	9,438,167.	8,125,409.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 0.0000 %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		3,936,178.	1,685,838.	2,250,340.
d Equipment . . . . .		8,538,048.	7,497,547.	1,040,501.
e Other . . . . .		1,575,667.	1,489,614.	86,053.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				3,376,894.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	84,989,338.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	87,253,588.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,264,250.
4	Net unrealized gains (losses) on investments	4	4,160,926.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-342,589.
9	Total adjustments (net). Add lines 4 through 8	9	3,818,337.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,554,087.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	93,063,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,160,926.
b	Donated services and use of facilities	2b	3,988,997.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-76,103.
e	Add lines 2a through 2d	2e	8,073,820.
3	Subtract line 2e from line 1	3	84,989,338.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	84,989,338.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	91,242,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,988,997.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,988,997.
3	Subtract line 2e from line 1	3	87,253,469.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	119.
c	Add lines 4a and 4b	4c	119.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	87,253,588.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

THE ASSOCIATION FOLLOWS DIRECTION REGARDING INCOME EARNED ON ENDOWMENTS.

IF NO DIRECTION, INCOME IS USED TOWARD OUR MISSION.

FIN 48

SCHEDULE D, PART X, LINE 2

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48 ("FIN 48") (NOW REFERRED TO AS ASC 740-10-25-6, "ASC 740"), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109," WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS PREVIOUSLY OUTLINE IN ASC 740. THE ASSOCIATION ADOPTED THIS NEW GUIDANCE AS OF JULY 1, 2009. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNIZED AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY THE TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE POSITION MAY BE CHALLENGED. THE ASSOCIATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE TAX YEARS ENDING 2006, 2007, AND 2008 ARE STILL OPEN TO AUDIT FOR BOTH

**Part XIV Supplemental Information** (continued)

FEDERAL AND STATE PURPOSES. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE ANY IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS.

## RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

CHANGE IN PERPETUAL TRUST	\$ 401,340
CHANGE IN SPLIT INTEREST	(477,443)
ACQUISITION OF DISSOLVED CHAPTERS	210,514
PLEDGE WRITE-OFF	(477,000)
	-----
TOTAL	\$ (342,589)

## RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

CHANGE IN PERPETUAL TRUST	\$ 401,340
CHANGE IN SPLIT INTEREST	(477,443)
	-----
TOTAL	\$ (76,103)

## RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII, LINE 4B

MISCELLANEOUS	\$ 119
	-----
TOTAL	\$ 119



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	800,000.	CHECK			FMV
			NORTH AMERICA	PROGRAM SUPP	320,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	200,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	200,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	200,000.	CHECK			FMV
			NORTH AMERICA	PROGRAM SUPP	164,040.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	160,000.	CHECK			FMV
			SOUTH AMERICA	PROGRAM SUPP	80,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	80,000.	CHECK			FMV
			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	80,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	80,000.	CHECK			FMV
			EAST ASIA/PACIFIC	PROGRAM SUPP	80,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	80,000.	CHECK			FMV
			SOUTH AMERICA	PROGRAM SUPP	80,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	80,000.	CHECK			FMV
			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	79,970.	CHECK			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 18

3 Enter total number of other organizations or entities 0



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2

MONITORING THE USE OF FOREIGN GRANTS

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS

VERIFICATION OF NON-PROFIT STATUS:

-ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS

-DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S  
ASSOCIATION'S INTERNATIONAL GRANT PROGRAM.









**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		NY GALA (event type)	DC GALA (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	655,000.	275,500.	366,500.	1,297,000.
	<b>2</b> Less: Charitable contributions . . . . .	157,200.	96,425.	112,400.	366,025.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	497,800.	179,075.	254,100.	930,975.
Direct Expenses	<b>4</b> Cash prizes . . . . .	0.	0.	0.	0.
	<b>5</b> Noncash prizes . . . . .	0.	0.	0.	0.
	<b>6</b> Rent/facility costs . . . . .	0.	24,500.	0.	24,500.
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	387,388.	163,248.	324,095.	874,731.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 899,231.)
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				31,744.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . .					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<b>10a</b>	
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number  
13-3039601

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	CALIFORNIA SOUTHLAND CHAPTER 5900 WILSHIRE BLVD LOS ANGELES, CA 90036	95-3718119	501(C)(3)	152,503.		FMV		PROGRAM SUPPORT
	GREATER ILLINOIS CHAPTER 8430 WEST BRYN MAWR CHICAGO, IL 60631	36-3102348	501(C)(3)	24,518.		FMV		PROGRAM SUPPORT
	NORTHERN CALIFORNIA AND NORTHERN NEVADA CH. 1060 LA AVERIDA MOUNTAIN VIEW, CA 94043	94-2897949	501(C)(3)	125,000.		FMV		PROGRAM SUPPORT
	GEORGIA CHAPTER 1325 CENTURY BLVD ATLANTA, GA 30345	59-1492046	501(C)(3)	50,000.		FMV		PROGRAM SUPPORT
	GREATER IOWA CHAPTER 1730 25TH ST WEST DES MOINES, IA 50326	42-1520582	501(C)(3)	18,000.		FMV		PROGRAM SUPPORT
	GREATER KENTUCKY & SOUTHERN INDIANA CHAPTER 6100 BUCHMANS LN LOUISVILLE, KY 40205	36-4497854	501(C)(3)	28,000.		FMV		PROGRAM SUPPORT
	ALOHA CHAPTER 1050 ALA MOANA BLVD HONOLULU, HI 96814	99-9212360	501(C)(3)	23,000.		FMV		PROGRAM SUPPORT
	GREATER DALLAS CHAPTER 4144 N. CENTRAL EXPY DALLAS, TX 75204	75-2041194	501(C)(3)	43,000.		FMV		PROGRAM SUPPORT
	WEST VIRGINIA CHAPTER 1111 LEE STREET EAST CHARLESTON, SC 29301	36-3487172	501(C)(3)	18,000.		FMV		PROGRAM SUPPORT
	SOUTHEASTERN WISCONSIN CHAPTER 620 SOUTH 76TH ST MILWAUKEE, WI 53214	39-1350965	501(C)(3)	55,000.		FMV		PROGRAM SUPPORT
	CENTRAL AND NORTH FLORIDA CHAPTER 378 CENTER POINT CIRCLE, SUITE 1280	36-3487166	501(C)(3)	43,000.		FMV		PROGRAM SUPPORT
	MINNESOTA-NORTH DAKOTA CHAPTER 4550 WEST 77TH ST MINNEAPOLIS, MN 55435	41-1361624	501(C)(3)	5,111.		FMV		PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations  94

3 Enter total number of other organizations  0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

JSA

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**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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A RESULT OF ASSOCIATION FUNDING). SUBSEQUENT PAYMENTS ARE GENERATED BY

THE RECEIPT AND APPROVAL OF THE INTERIM PROGRESS REPORTS. THE ALZHEIMER'S

ASSOCIATION PROVIDES A TEMPLATE FOR THE INTERIM SCIENTIFIC REPORT AND A

TEMPLATE FOR THE INTERIM FINANCIAL REPORT WHICH ARE AVAILABLE AT:

HTTP://PROPOSALCENTRAL.ALZUM.COM/LOGIN.ASP TO BE DOWNLOADED BY THE

RESEARCHER TO THEIR COMPUTER. THIS TEMPLATE PROVIDES THE REQUIRED FORMAT

FOR SUBMISSION OF THE ANNUAL REPORT. THE POST AWARD SPECIALIST WILL

NOTIFY THE RESEARCHER AND THE INSTITUTIONAL FINANCIAL OFFICIAL 60 DAYS

-----



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

-----  
 PROVIDES THE REQUIRED FORMAT FOR SUBMISSION OF THE ANNUAL FINANCIAL  
 REPORT.  
 -----  
 AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE DATE  
 90 DAYS AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO PROPOSALCENTRAL  
 ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL  
 OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD.  
 -----



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ASSOCIATION. THIS RESEARCHER BECOMES INELIGIBLE TO APPLY FOR FUNDING FROM THE ALZHEIMER'S ASSOCIATION.

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS VERIFICATION OF NON-PROFIT STATUS:

- \* ORGANIZATIONS CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS
- \* DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATIONS GOVERNMENT

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FOR -PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL GRANT PROGRAM.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULTED FROM FUNDED STUDIES AND REQUIRE THE GRANT RECIPIENT TO NOTIFY THE ASSOCIATION ON AN

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ANNUAL BASIS WITH UPDATES TO THESE RECORDS. WE ALSO MONITOR FOLLOW-ON FUNDING FROM FEDERAL AGENCIES.

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION INTERNATIONAL RESEARCH GRANT PROGRAM IS TWO-FOLD. FIRST, THE ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC ADVISORY COUNCIL ENSURES DIVERSITY OF FUNDED AWARDS DURING THE GRANT PROCESS AND DEVELOPS FOCUSED REQUESTS FOR APPLICATIONS (RFAS) BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER RESEARCH



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ALZHEIMER'S DISEASE&RELATED DISORDERS  
ASSOCIATION, INC.**

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number  
13-3039601

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN TENNESSEE CHAPTER 2200 SUTHERLAND AVE KNOXVILLE, TN 37919	62-1206312	501(C)(3)	23,000.		FMV		PROGRAM SUPPORT
SOUTH CAROLINA CHAPTER 4124 CLEMSON BLVD ANDERSON, SC 19621	57-0792592	501(C)(3)	33,000.		FMV		PROGRAM SUPPORT
LOUISIANA CHAPTER 3117 GOVERNMENT ST ALEXANDRIA, LA 71302	72-1038780	501(C)(3)	119,964.		FMV		PROGRAM SUPPORT
SOUTH CENTRAL WISCONSIN CHAPTER 10 EAST LOMY STREET MADISON, WI 53703	39-1679333	501(C)(3)	73,792.		FMV		PROGRAM SUPPORT
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
THE NATRAN S. KLINE INSTITUTE FOR PSYCHIATR 140 OLD ORANBURG RD ORANBURG, NY 10967	14-1410842	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
CELARS-SINAL MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	449,999.		FMV		PROGRAM SUPPORT
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINIC 1660 S. COANMEIAN WAY SEATTLE, WA 98108	51-1452438	501(C)(3)	449,966.		FMV		PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	449,214.		FMV		PROGRAM SUPPORT
FOUNDATION FOR THE NATIONAL INST OF HEALTH 1 CLOISTER COURT BETHESDA, MD 20814	52-1986675	501(C)(3)	400,000.		FMV		PROGRAM SUPPORT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	320,000.		FMV		PROGRAM SUPPORT
THOMAS JEFFERSON UNIVERSITY S. 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	320,000.		FMV		PROGRAM SUPPORT
TEMPLE UNIVERSITY 3400 NORTH BROAD ST PHILADELPHIA, PA 19140	23-1365971	501(C)(3)	320,000.		FMV		PROGRAM SUPPORT
WASHINGTON STATE UNIVERSITY ROOM 423 NEILL HALL PULLMAN, WA 99164-3140	91-6601108	501(C)(3)	320,000.		FMV		PROGRAM SUPPORT
SANTORRE-BUSHAM MEDICAL RESEARCH INSTITUTE 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ALZHEIMER'S DISEASE&RELATED DISORDERS  
ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCS/UNIVERSITY OF SOUTHERN CALIFORNIA 837 WEST DOWNEY WAY LOS ANGELES, CA 90059	95-1642394	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
THE UNIVERSITY OF SOUTHERN CALIFORNIA 1985 ZONAL AVENUE LOS ANGELES, CA 90033	95-1642394	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 5171 CALIFORNIA AVE IRVINE, CA 92697-1600	95-2226406	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GINNAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA, FL 33612	59-3102112	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR ATLANTA, GA 30310	58-1438873	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
BOARD OF TRUSTEES-UNIV OF ILLINOIS-CHICAGO 1737 W. FOLK ST CHICAGO, IL 60612-7227	37-6000511	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKADE HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
THE HENRY M. JACKSON FOUNDATION FOR THE ADV 1401 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1317696	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
UNUNJ--ROBERT WOOD JOHNSON MEDICAL SCHOOL 8109 675 HORS LN W PISCATAWAY, NJ 08854	23-1980408	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
MOUNT SINAI SCHOOL OF MEDICINE 3 GUSTAVE L LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
NEW YORK UNIVERSITY 865 BROADWAY NEW YORK, NY 10012	13-5562308	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 330 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 150 BROADWAY MENANDS, NY 12204	14-1410842	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
THE OHIO STATE UNIVERSITY 1960 KERRY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ALZHEIMER'S DISEASE&RELATED DISORDERS  
ASSOCIATION, INC.**

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

13-3039601

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EXHILID AVE CLEVELAND, OH 44106-4919	34-1018992	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EXHILID AVE CLEVELAND, OH 44106-4919	34-1018992	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAZOOD AVE CHARLESTON, SC 29425	37-6000722	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
PALMETTO HEALTH 1301 TAYLOR ST COLUMBIA, SC 29201	38-2296052	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENT P.O. BOX 20036 HOUSTON, TX 77225-0036	74-1761309	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
WASHINGTON STATE UNIVERSITY ROOM 423 NEILL HALL PULLMAN, WA 99164-3140	91-6001108	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 140 BROADWAY MENANDS, NY 12204	14-1418842	501(C)(3)	199,218.		FMV		PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	197,131.		FMV		PROGRAM SUPPORT
NATIONAL HISPANIC COUNCIL ON AGING 734 15 STREET NW WASHINGTON, DC 20005	52-1306347	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 312 14TH STREET LINCOLN, NE 68586-0420	47-0049123	501(C)(3)	99,624.		FMV		PROGRAM SUPPORT
VETERANS MEDICAL RESEARCH FOUNDATION 3350 LA JOLLA VILL DR SAN DIEGO, CA 92161	33-0189397	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
PALO ALTO INSTITUTE FOR RESEARCH AND EDUCAT 3801 MIRAMBA AVE PALO ALTO, CA 94304	37-0207331	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1650 RESEARCH PARK DR DAVIS, CA 95618	94-6036494	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06520-8047	06-0648973	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
FLORIDA STATE UNIVERSITY RESEARCH FOUNDATIO 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-3211153	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Employer identification number  
13-3039601

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY, B U MEDICAL 85 EAST NEWTON ST BOSTON, MA 02118	04-2103547	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE SOM 735 NORTH BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
MICHIGAN STATE UNIVERSITY 6040 LIFE SCIENCES EAST LANSING, MI 48824	38-6005984	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
THE NEWLOR HOME AND HOSPITAL FOR AGED 120 WEST 104TH ST NEW YORK, NY 10025	13-1624033	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESH 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10036	13-5562309	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10036	13-5562309	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10036	13-5562309	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE BOX 49 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
THE RESEARCH FOUNDATION OF SUNY ON BEHALF O 456 CLARKSON AVE BROOKLYN, NY 11203-2096	14-1366361	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
RESEARCH FOUNDATION OF SUNY - UNIVERSITY AT 1400 WASHINGTON AVE ALBANY, NY 12222	14-1366361	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ALZHEIMER'S DISEASE&RELATED DISORDERS  
ASSOCIATION, INC.**

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number  
13-3039601

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATHAN S. KLINE INSTITUTE FOR PSYCHIATRY 140 OLD ORANGEBURG RD ORANGETOWN, NY 10962	14-1419842	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER DOWNSSTATE MEDICAL CENTER BROOKLYN, NY 11203	14-1368361	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
THOMAS JEFFERSON UNIVERSITY S. 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7126 AUSTIN, TX 78713-7126	74-6000203	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7103 FLOYD CURT DR SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP ROWLE BLVD. FORT WORTH, TX 76107	75-6064033	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE SEATTLE, WA 98195	91-6001537	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MADISON BOARD OF REGENTS 21 NORTH PARK STREET MADISON, WI 53715	39-6006492	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MADISON BOARD OF REGENTS 21 NORTH PARK STREET MADISON, WI 53715	39-6006492	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	79,999.		FMV		PROGRAM SUPPORT
RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH ST TROY, NY 12180-3590	14-1340095	501(C)(3)	79,993.		FMV		PROGRAM SUPPORT
THE REGENTS OF THE UNIV OF CALIFORNIA (RUCV) 15VINE ST CA AVE IRVINE, CA 92697-7600	95-2226406	501(C)(3)	77,422.		FMV		PROGRAM SUPPORT
UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA, FL 33612	59-3102112	501(C)(3)	50,000.		FMV		PROGRAM SUPPORT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization **ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

TWO BOARD MEMBERS HAVE EARLY ON-SET ALZHEIMER'S DISEASE AND TRAVELLED TO

BOARD MEETINGS WITH A COMPANION FOR SAFETY PURPOSES. COMPANION'S TRAVEL

EXPENSE WAS REIMBURSED.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

HARRY JOHNS PARTICIPATES IN A 457(F) PLAN. THE AMOUNTS ACCRUED ARE

INCLUDED ON SCHEDULE J AS DEFERRED COMPENSATION.

RICHARD HOVLAND, ANGELA GEIGER, HEATHER HUTCHISON, AND HARRY JOHNS

PARTICIPATE IN A 457(B) PLAN. THE AMOUNTS ACCRUED ARE INCLUDED ON

SCHEDULE J AS DEFERRED COMPENSATION.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART II, COLUMN (C)

HARRY JOHNS - INCENTIVE COMPENSATION OF \$182,000 (PART II B (II)) IS

BASED ON PERFORMANCE MEASURES DEVELOPED, REVIEWED AND APPROVED BY THE

COMPENSATION COMMITTEE OF THE ALZHEIMER'S ASSOCIATION BOARD OF DIRECTORS

IN CONSULTATION WITH THE ASSOCIATION'S INDEPENDENT COMPENSATION

CONSULTANTS AND REPRESENTS THE ACHIEVEMENT OF STATED GOALS FOR FISCAL

YEAR 2008. THIS INCENTIVE COMPENSATION WAS EARNED IN 2008, HOWEVER NOT

PAID UNTIL CALENDAR YEAR 2009. FOR THE FISCAL YEAR REPORTED IN THIS 990,

THAT PERFORMANCE INCENTIVE HAS BEEN VOLUNTARILY WAIVED BY THE EXECUTIVE.

RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$392,218 (PART II (C)) IS

COMPRISED OF BOTH EMPLOYEE AND EMPLOYER FUNDING TO THE 401K RETIREMENT

PLAN AND EMPLOYER ACCRUAL TO A SUPPLEMENTAL RETIREMENT ACCOUNT. THE

LATTER HAS NOT BEEN PAID TO THE EXECUTIVE AND WILL NOT BE PAID UNTIL A

LATER DATE. NONTAXABLE BENEFITS OF \$20,022 (PART II (D)) INCLUDE EMPLOYER

CONTRIBUTIONS TO MEDICAL, DENTAL, SHORT- AND LONG-TERM DISABILITY AND

BASIC LIFE PROVISION.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

DEFERRED COMPENSATION FOR ANGELA GEIGER INCLUDES EMPLOYER FUNDING TO  
RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT

DECEMBER 31, 2009.

DEFERRED COMPENSATION FOR RICHARD HOVLAND AND HEATHER HUTCHISON INCLUDES  
EMPLOYER FUNDING TO RETIREMENT PLAN.

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.

Employer identification number  
13-3039601

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACQUELINE KOURI DIRECTOR	5.00	X						0.	0.	0.
JOHN MAGGIO, PH.D. DIRECTOR	5.00	X						0.	0.	0.
BONNIE MARCUS DIRECTOR	5.00	X						0.	0.	0.
LINDA MENDELSON DIRECTOR	5.00	X						0.	0.	0.
DAVID MOSCOW DIRECTOR	5.00	X						0.	0.	0.
LAM VIET NGUYEN, M.D. DIRECTOR	5.00	X						0.	0.	0.
RON PROFILI DIRECTOR	5.00	X						0.	0.	0.
JIM PRUGH DIRECTOR	5.00	X						0.	0.	0.
DEBORAH A RANDALL ESQ DIRECTOR	5.00	X						0.	0.	0.
JOHN SABL DIRECTOR	5.00	X						0.	0.	0.
DARLENE SHILEY DIRECTOR	5.00	X						0.	0.	0.
ALAN SILVERGLAT DIRECTOR	5.00	X						0.	0.	0.
SUZANNE B SWIFT DIRECTOR	5.00	X						0.	0.	0.
CARL TUERK, JR. DIRECTOR	5.00	X						0.	0.	0.
DEBORA WESLEY-FREEMAN, MSW DIRECTOR	5.00	X						0.	0.	0.
SHELLIE WILLIAMS, M.D. DIRECTOR	5.00	X						0.	0.	0.
THOMAS WINKEL DIRECTOR	5.00	X						0.	0.	0.
THOMAS YOSHIKAWA, M.D. DIRECTOR	5.00	X						0.	0.	0.
KAREN ZIMMERMAN DIRECTOR	5.00	X						0.	0.	0.
JEROME H STONE EX-OFFICIO	5.00	X						0.	0.	0.
HARRY JOHNS PRESIDENT & CEO	60.00		X					653,284.	0.	412,240.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	524	162,742.	COST / SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	96	788,803.	COST / SELLING PRICE
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶( _____ )				
26 Other ▶( _____ )				
27 Other ▶( _____ )				
28 Other ▶( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

THIRD PARTY INVOLVEMENT IN NON-CASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

A THIRD PARTY BROKER RECEIVES DIRECTLY, SELLS AND REMITS PROCEEDS FROM STOCK GIFTS.

Supplemental Information to Form 990

2009

Open to Public  
Inspection

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number  
13-3039601

ATTACHMENT 2

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION  
IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. OUR MISSION IS TO ELIMINATE  
ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND  
ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF  
DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH. OUR VISION IS A WORLD  
WITHOUT ALZHEIMER'S DISEASE.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE  
LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. WE  
ARE A NATIONWIDE NETWORK WITH MORE THAN 70 AFFILIATED CHAPTERS WORKING  
TOGETHER TO ACCOMPLISH OUR MISSION. OUR NATIONAL OFFICE IS HEADQUARTERED  
IN CHICAGO, AND WE HAVE A DEDICATED PUBLIC POLICY OFFICE IN WASHINGTON,  
D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT  
THROUGH OUR HELPLINE 365 DAYS A YEAR (1.800.272.3900) AND AN  
AWARD-WINNING WEB SITE, ALZ.ORG.

WE ARE THE LARGEST NONPROFIT FUNDER OF ALZHEIMER'S DISEASE RESEARCH.  
SINCE AWARDING OUR FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED  
OVER \$279 MILLION TO MORE THAN 1,900 BEST-OF-FIELD GRANT PROPOSALS. AS A  
LEADER IN THE FIELD, WE FOSTER A NETWORK FOR THE SCIENTIFIC COMMUNITY BY  
HOSTING AN INTERNATIONAL CONFERENCE FOCUSING ON RESEARCH.

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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ATTACHMENT 2 (CONT'D)

IN ADDITION, WE ADVOCATE FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. WE SPEAK UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE.

EDUCATION ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ASSOCIATION ARE KEY TO ACCELERATING PROGRESS. WE STRIVE TO MAKE MORE PEOPLE AWARE OF THE SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF EARLY DETECTION. MILLIONS OF AMERICANS HAVE SIGNED UP AS ALZHEIMER'S ASSOCIATION "CHAMPIONS" TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD.

A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR, THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSER TO FINDING BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE DISEASE. WE ALSO NEED BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. TENS OF THOUSANDS OF GRASS ROOTS ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND HELP ENCOURAGE CONGRESS TO INCREASE FUNDING FOR RESEARCH. POLICY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

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ATTACHMENT 2 (CONT'D)

REVENUES: NONE

EXPENSES: \$4,229,265

GRANTS: \$176,264

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION PROVIDES THE MOST COMPREHENSIVE SOURCE OF SUPPORT FOR THE ESTIMATED 5.3 MILLION AMERICANS WITH ALZHEIMER'S DISEASE AND THEIR 11 MILLION CAREGIVERS, MOSTLY FAMILY MEMBERS. OUR EARLY STAGE ADVISORY GROUP PROVIDES IMPORTANT GUIDANCE FOR SERVICES AND INITIATIVES DESIGNED FOR PEOPLE IN THE EARLY STAGES OF ALZHEIMER'S DISEASE. A NATIONWIDE TOLL-FREE HELPLINE IS AVAILABLE 24 HOURS A DAY, EVERY DAY OF THE YEAR. THE ALZHEIMER'S ASSOCIATION MEDICALERT + SAFE RETURN\* PROGRAM HAS IDENTIFIED AND RETURNED THOUSANDS OF LOST PEOPLE TO THE SAFETY OF THEIR HOMES SINCE 1993. WE ALSO OFFER CARESOURCE\*, A SUITE OF FREE ONLINE TOOLS ASSISTING CAREGIVERS; CAREFINDER\* AND SENIOR HOUSING FINDER\*, TO HELP PEOPLE MAKE HOME AND RESIDENTIAL CARE DECISIONS. THOUSANDS OF PEOPLE NATIONWIDE PARTICIPATE ONLINE AND FACE TO FACE IN OUR SUPPORT GROUPS AND CARE CONSULTATION TO HELP THEM NAVIGATE THE LONG JOURNEY THROUGH ALZHEIMER'S DISEASE.

\*THESE ARE NAMES THAT ARE TRADEMARKS TO ALZHEIMER'S ASSOCIATION.

REVENUES: \$212,870

EXPENSES: \$5,344,268

GRANTS: \$427,111

REVIEW OF 990

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ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, SECTION B, LINE 11

THE ASSOCIATION'S OFFICERS, AUDIT COMMITTEE, FINANCE COMMITTEE, AND FULL BOARD OF DIRECTORS REVIEW THE FORM BEFORE IT IS FILED. COPIES ARE PROVIDED TO COMMITTEES AND FULL BOARD VIA EMAIL. OFFICERS ON-SITE RECEIVE A HARD COPY AND ELECTRONIC COPY FOR THEIR REVIEW.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE UPON THE INTERESTED PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE AND IN NO EVENT LESS OFTEN THAN ANNUALLY. AS CITED FROM ARTICLE XVIII, SECTION 2 OF THE BYLAWS, INTERESTED PERSONS OR CHAPTERS SHALL DISCLOSE ANY CONFLICT AND SHALL NOT VOTE ON A MATTER AND FURTHER SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON OR CHAPTER REPRESENTATIVE WAS NOT PRESENT DURING ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER IN PERSON OR BY PROXY. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON OR CHAPTER SHALL DISCLOSE SUCH CONFLICT TO THE

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ATTACHMENT 2 (CONT'D)

BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE MATTER.

FURTHER THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR THE COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, EXCLUDING THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER CONCERNING WHOM THE DOUBT HAS ARISEN. THE GOVERNANCE AND NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS SHALL REPORT TO THE BOARD OF DIRECTORS FROM TIME TO TIME ON THE IMPLEMENTATION OF THESE GUIDELINES AND THE STATUS OF ANY POLICY DEVELOPMENTS REGARDING COMPENSATION AND CONFLICTS OF INTEREST. FURTHER, THE GOVERNANCE AND NOMINATING COMMITTEE SHALL REPORT TO THE BOARD AS SOON AS REASONABLE AFTER HAVING BEEN ALERTED TO SPECIFIC INSTANCES WHEN THESE GUIDELINES HAVE NOT BEEN FOLLOWED OR ANY OTHER ISSUE REGARDING COMPENSATION OR CONFLICT OF INTEREST IS DETERMINED TO EXIST.

COMPENSATION OF OFFICERS

FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION IS ESTABLISHED FOR THE CEO BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS. FOR THE CEO THIS REVIEW WAS LAST DONE IN 2008 AND FOR THE SENIOR MANAGEMENT TEAM LAST DONE IN 2009 - ALL POSITIONS ARE CURRENTLY UNDER MARKET REVIEW BY HEWITT AND ASSOCIATES. EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES 360

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ATTACHMENT 2 (CONT'D)

FEEDBACK COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION. THE  
COMMITTEE AND CHAIRMAN OF THE BOARD USE THIS DATA TO DETERMINE BONUS  
ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION  
AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. THIS  
INCLUDES A SELF ASSESSMENT, 360 REVIEW AND EVALUATION BY THE CEO. SALARY  
IS BENCHMARKED EVERY TWO YEARS. THIS YEAR THE SALARIES AND TOTAL  
COMPENSATION PACKAGES OF THE SENIOR STAFF WERE BENCHMARKED BY HEWITT &  
ASSOCIATES.

GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

FORM 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON OUR  
ORGANIZATION'S WEBSITE AND UPON REQUEST. THE ORGANIZATION'S AUDITED  
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING  
ON OUR ORGANIZATION'S WEBSITE AND UPON REQUEST. THE ORGANIZATION'S  
CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE GENERAL PUBLIC UPON  
REQUEST.

FUNDRAISING CONSULTANT- CONTROL ARRANGEMENT

SCHEDULE G, PART I, LINE 2B, BOX (III)

ALZHEIMER'S ASSOCIATION ENGAGES IMC FOR PROFESSIONAL FUNDRAISING  
CONSULTANT SERVICES. A DESCRIPTION OF THE ARRANGMENT OF THE FUNDS IS  
LISTED BELOW:

POST OFFICE BOX. IMC WILL FACILITATE THE SET UP OF A POST OFFICE BOX TO  
BE USED SOLELY FOR THE PURPOSE OF THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL  
DONATIONS MAILED IN FOR THE VOLUNTEER RECRUITMENT CAMPAIGN WILL BE MAILED

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ATTACHMENT 2 (CONT'D)

TO THE SEPARATE POST OFFICE BOX AND WILL BE COLLECTED DAILY (5 DAYS PER  
WEEK, MONDAY - FRIDAY) BY THE CAGING VENDOR. POST OFFICE FEES WILL BE  
INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

BANK ACCOUNT. IMC WILL FACILITATE THE SET UP OF A BANK ACCOUNT, AT THE  
BANK OF CLIENT'S CHOICE, TO BE USED SOLELY FOR DEPOSITS OF DONATIONS FROM  
THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL DONATIONS MAILED IN FOR THE  
VOLUNTEER RECRUITMENT CAMPAIGN WILL BE COLLECTED AND PROCESSED BY THE  
CAGING VENDOR. ALL FUNDS FROM THE VOLUNTEER RECRUITMENT DONATIONS WILL BE  
DEPOSITED INTO THE BANK ACCOUNT SET UP FOR VOLUNTEER RECRUITMENT WITHIN 2  
DAYS. BANK FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

FUNDRAISING CONSULTANT- FEE ARRANGEMENT

SCHEDULE G, PART I, LINE 2B, BOX (VI)

THE AGREEMENT BETWEEN INFOCISION MANAGEMENT CORPORATION AND ALZHEIMER'S  
DISEASE & RELATED DISORDERS ASSOCIATION IS NOT A PERCENTAGE-BASED  
AGREEMENT. INFOCISION MANAGEMENT CORPORATION IS TO BE PAID A FIXED FEE  
PER COMPLETED CALL AS DESCRIBED IN THE MAIN AGREEMENT AND SAID  
COMPENSATION PROVISIONS SHALL BE CONTROLLING. ALZHEIMER'S DISEASE &  
RELATED DISORDERS ASSOCIATION EXERCISES CONTROL AND APPROVAL OVER THE  
CONTENT AND FREQUENCY OF ALL SOLICITATIONS.

501(H) ELECTION

SCHEDULE C, PART IIA AND IIB

DURING FISCAL YEAR 2009, ALZHEIMER'S ASSOCIATION CANCELED THEIR 501(H)  
ELECTION. THE AMOUNTS REPORTED ON THE CURRENT YEAR'S 990 SCHEDULE C ARE  
THE LOBBYING AMOUNTS THAT TOOK PLACE WITHOUT THE 501(H) ELECTION. FOR

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ATTACHMENT 2 (CONT'D)

FISCAL YEAR 2011, ALZHEIMER'S ASSOCIATION WILL STILL CONTINUE TO CONDUCT LOBBYING, BUT THROUGH A DIFFERENT APPROACH.

ATTACHMENT 3

4A PROGRAM SERVICE

RESEARCH - THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE RESEARCH AND SCIENCE PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND FILLING CRITICAL KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING TALENT.

THE ALZHEIMER'S ASSOCIATION HAS BEEN A CATALYST AND CONVENER FOR ALMOST 30 YEARS. WHETHER FUNDING INNOVATIVE GRANTS TO HELP FURTHER TREATMENTS AND DISCOVERY, HOSTING THE ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE ON ALZHEIMER'S DISEASE (ICAD\*), THE WORLD'S LARGEST GATHERING OF ALZHEIMER'S RESEARCHERS OR LEADING THE WORLDWIDE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI) TO ACCELERATE ADVANCES IN IMAGING, THE ALZHEIMER'S ASSOCIATION SEEKS TO FUND BEST-IN-CLASS RESEARCH. WE WORK WITH COLLABORATORS AROUND THE GLOBE FROM ALL SECTORS TO HASTEN THIS PROGRESS.

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ATTACHMENT 4

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FORM 990, PART III - PROGRAM SERVICES

4B PROGRAM SERVICE

ATTACHMENT 4 (CONT'D)

PUBLIC AWARENESS AND EDUCATION - ALZHEIMER'S IS A PROGRESSIVE AND  
ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS UNDERSTAND THE LOOMING  
EPIDEMIC OF ALZHEIMER'S THAT WILL HAVE GRAVE ECONOMIC IMPACT ON AS  
MANY AS 16 MILLION FAMILIES AND THE U.S. ECONOMY BY MID-CENTURY.  
ALREADY MILLIONS OF AMERICANS AND THEIR FAMILIES ARE STRUGGLING  
WITH THIS DISEASE WITHOUT ENOUGH INFORMATION AND SUPPORT.

THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS  
AND INITIATIVES TO INCREASE KNOWLEDGE ABOUT ALZHEIMER'S DISEASE  
AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION AS A CENTER OF HELP  
AND HOPE. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION,  
RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE  
SOCIETAL IMPACT OF THE DISEASE. WE ALSO ENGAGE MILLIONS OF PEOPLE  
AS CHAMPIONS TO EDUCATE THEIR COMMUNITIES AND WORKPLACES.

FORM 990, PART VI, LINE 17 - STATES

ATTACHMENT 5

AL, AK, AZ, AR, CA, CO, CT, DE,  
DC, FL, GA, IL, IA, KS, KY, ME, MD, MA, MI,  
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, SD, TN, UT, VA, WA, WV, WI,

ATTACHMENT 6

Name of the organization ALZHEIMER'S DISEASE&RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TG MADISON INC 3340 PEACHTREE RD. ATLANTA, GA 30326	CONSULTANT	4,613,415.
ALANIZ 425 N. IRIS STREET MT. PLEASANT, IA 52641	PRINTING/LETTER SHOP	4,163,627.
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING	2,678,805.
QUAD/GRAPHIC, INC P.O. BOX 930505 ATLANTA, GA 31193	PRINTING/LETTER SHOP	2,288,640.
THOMPSON HABIB DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON, MA 02421	CONSULTANT	1,329,250.
	TOTAL COMPENSATION	<u>15,073,737.</u>